FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 415724 KENTUCKY FRIED CHICKEN OF MOORE HAVEN, INC. Principal Place of Business Mailing Address 1403 W. AVENUE A 1403 W. AVENUE A BELLE GLADE FL 33430 BELLE GLADE FL 33430 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/29/1972</u> 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-1421638 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 20 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOOKS, RUDOLPH 1403 W AVE A 82 Street Address (P.O. Box Number is Not Acceptable) 1500 W CANAL STREET 83 BELLEGLADE FL 33430 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signatura, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition HOOKS, RUDOLPH NAME 1.2 NAME 1500 W. CANAL ST. STREET ADDRESS 1.3 STREET ADDRESS BELLEGLADE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME BARTON, LISA A 22 NAME 533 1/2 S.E. AVENUE E. STREET ADDRESS 2.3 STREET ADDRESS BELLEGLADE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ACREE, MICKEY K. 3.2 NAME NAME 1403 W. AVENUE A STREET ADDRESS 3.3 STREET ADDRESS BELLEGLADE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ☐ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the congretion of my ruceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if cythy per produced by the same legal effect as if made under oath; that I am an officer or director of the congretion of the cythy per produced by the same legal effect as if made under oath; that I am an officer or director of the congretion of the cythy per produced by the same legal effect as if made under oath; that I am an officer or director of the cythy per produced by the same legal effect as if made under oath; that I am an officer or director of the cythy per produced by the cythy per produced by the same legal effect as if made under oath; that I am an officer or director of the cythy per produced by the cythy per produce

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

udoph Hooks Sr. 4-30 98 561-996-1491 SIGNATURE:

Change

Change

Addition

Addition